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**The Law Office of Thomas M. Isaacson  
850 Lindy Lane  
Huntingtown, MD 20639  
Phone: (410) 414-3056  
Fascimile: (410) 510-1433**

**E-mail: tmi@tmilaw.com  
Web: www.tmilaw.com**

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Re: App. No. 10/042,880; Docket No. 2001-0410

Cover Message:

Please find attached a response and power of attorney in the above-referenced case.

The Cust. No. for this case is: 26652

Respectfully submitted,

The Law office of Thomas M. Isaacson

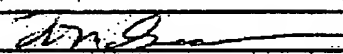
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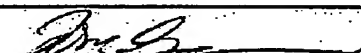
PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031.  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/042,880
	Filing Date	January 9, 2002
	First Named Inventor	Nicola R. Chong-White
	Art Unit	2854
	Examiner Name	Myriam Pierre
Total Number of Pages in This Submission	Attorney Docket Number	2001-0410

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks PLEASE NOTE: THE CUSTOMER NUMBER FOR THIS CASE SHOULD BE: 28852		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Thomas M. Isaacson, Reg. No. 44166	
Signature		
Date	June 28, 2005	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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